

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. AIDAN A. RANEY

Mailing Address 115 IRVINE COVE CIRCLE

City State Zip Code
LAGUNA BEACH CA 92651

FEC ID number of contributing federal political committee.

C

Name of Employer
RANEY ZUSMAN MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.6503

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. GUILLERMO SANABRIA

Mailing Address 6421 BORASCO DRIVE

City State Zip Code
MELBOURNE FL 32940

FEC ID number of contributing federal political committee.

C

Name of Employer
WUESTHOFF HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.6526

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. MARK F. SAND

Mailing Address 1401 NORTH NEW YORK AVENUE

City State Zip Code
WINTER PARK FL 32781

FEC ID number of contributing federal political committee.

C

Name of Employer
ORLANDO HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00